

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532877

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
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42				1		
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47				1		
48				1		
49				1		
50				1		
TOTAL IND.		5	2	5		5
TOTAL DEP.		5	7	5		5
TOTAL CLAIMS		10	9	10		10

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		5		5		5
TOTAL DEP.		5		5		5
TOTAL CLAIMS		10		10		10